IN PATIENT SUMMARY BILL

UHID : MMH202481625 Bill No : MMH/MH/IP202402061

: IP2024002133 : 26/09/2024 IP No Bill Date

Patient name : Mrs.VANAJA V : 24/9/2024 8:57AM DOA

: 48 Y 4 M 11 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	9,625.00
3	DIET CHARGES		₹	1,500.00
4	DUTY MEDICAL OFFICER CHARGE		₹	1,875.00
5	EQUIPMENT		₹	7,500.00
6	LABORATORY		₹	6,878.00
7	NURSING CHARGE		₹	2,000.00
8	OPERATION THEATRE CHARGES		₹	17,450.00
9	PHYSIOTHERAPY		₹	2,100.00
10	PROCEDURE CHARGES		₹	500.00
11	PROFESSIONAL TEAM FEES		₹	60,000.00
12	RADIOLOGY		₹	1,480.00
		Gross Amount	₹	111,258.00
		Net Payable	₹	111,258.00
		4.7	-	20 000 00

Advance Amount ₹ 30,000.00 **Received Amount** ₹ 81,258.00

Received Amount in Words : One Lakh Eleven Thousand Two Hundred Fifty-Eight KARTHICK

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/24/2024	MMH/MH/RECH202403725	CARD	Advance Amount	30,000.00
2	9/26/2024	MMH/MH/REDH202421186	CARD	Collected Amount	81,258.00